PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032

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DECLARATION FOR LITH ITY OR	Attorney Docket Num	nber C	chman 1		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Grant	t G. Gehman		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date				
	Art Unit				
	Examiner Name				
As the below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
					
D/ (Foring					
Rotary Engine					
(Title of the Invention) the specification of which					
1771					
is attached hereto					
OR					
was filed on (MM/DD/YYYY)	as United States Ap	plication Number	or PCT International		
					
Application Number and was amende	ed on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT					
international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant					
breeder's rights certificate(s), or any PCT international applicatio claimed.	n having a filing date before	re that of the app	dication on which priority is		
Prior Foreign Application	Foreign Filing Date		Certified Copy Attached?		
Number(s) Country	(MM/DD/YYY)	Not Claimed	YES NO		
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		H			
	-	一片一			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

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DECLARATION — Utility or Design Patent Application

· · · · · · · · · · · · · · · · · · ·					
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below					
Name Kevin M. Able					
Address 2825 Hickock Rd.					
city COMING		State N	zip 14830		
Country USA Tele	phone <i>6</i> 07	974 2637	Fax 607 974 3848		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Grant G. Family Name or Surname Gehman					
Inventor's Signature Column Date 9/5/03					
Residence: City KNOXVIII	State PA	Country USA	Citizenship USA		
Mailing Address 314 S. Water St.					
city Knoxville	State A	ZIP 16928	Country USA		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Family Name or Surname					
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Cit.	Chan	7112	22		
City State ZIP Country Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

PTO/SB/81 (05-03)

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Approved for use through 11/30/2005. OMB 0651-0035
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Application Number Filing Date First Named Inventor POWER OF ATTORNEY OR Title AUTHORIZATION OF AGENT Art Unit **Examiner Name** Gehman **Attorney Docket Number** I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code Label here OR Practitioner(s) named below: Name Registration Number Able as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or Individual Name Address Address City State Zip Country Telephone Fax am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Applicant or Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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forms are submitted.

forms if more than one signature is required, see below.

Name Signature

Date

*Total of